PLACE 2026
PLATFORM OF LABORATORIES FOR ADVANCES IN CARDIAC EXPERIENCE

CONGRESSO
ROMA, 25 - 27 Giugno 2026

Comunicazioni orali
PACING AND ELECTROPHYSIOLOGY

Acute Supraventricular Arrhythmia Managment via Percutaneous Left Stellate Ganglion Block: A Single Center Study

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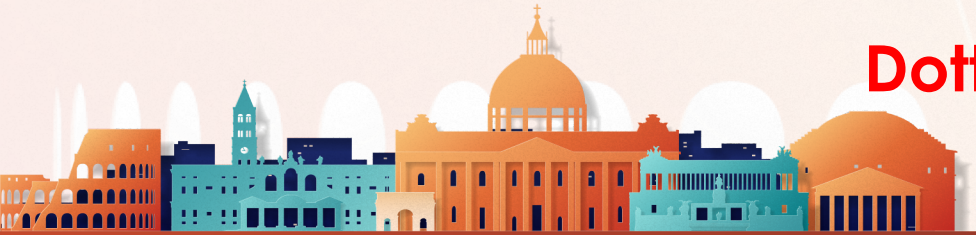
Dott. Lorenzo Candido-Todesco



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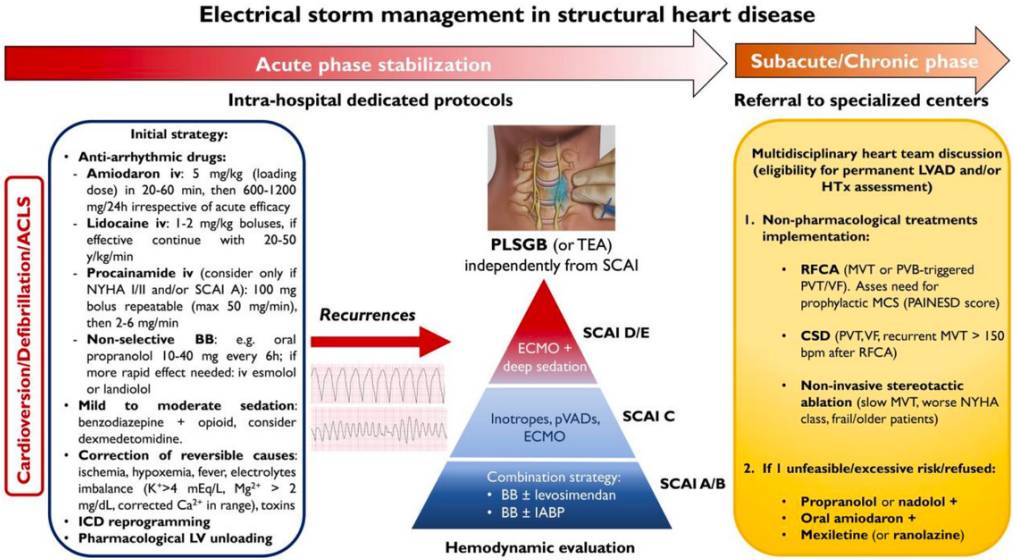

Asimmetria innervazione cardiaca simpatica:

GS Destro:
NSA, atrio dx e sn, superficie ventricolare anteriore (maggiormente VD)

GS Sinistro:
NAV, atrio dx e sn, superficie ventricolare posteriore (maggiormente VS)

Dusi V, et al. "Electrical storm management in structural heart disease." Eur Heart J Suppl, 2023; C242–C248

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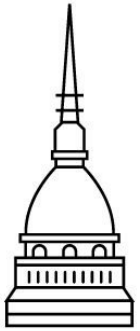
Metodi:

Studio osservazionale;

Arruolamento: UTIC Ospedale Molinette, Torino, dal 01/2021 al 04/2026

Criteri inclusione:

- SVAs ad alta penetranza (FC ≥ 100 bpm);
- Instabilità emodinamica (classe SCAI ≥ B);
- PLSGB solo bolo (lidocaina + ropivacaina 100 +100 mg)



Endpoints:

- Endpoint primario: Riduzione FC ≥ 20% o totale soppressione aritmia ad 1h, 6h, 24h.
- Endpoint secondari: Stabilità emodinamica (PAS, PAD, FC ad 1h e 6h ± 2) ed outcomes intraospedalieri (ablazione SVAs, impianto LVAD, morte/ HTx)

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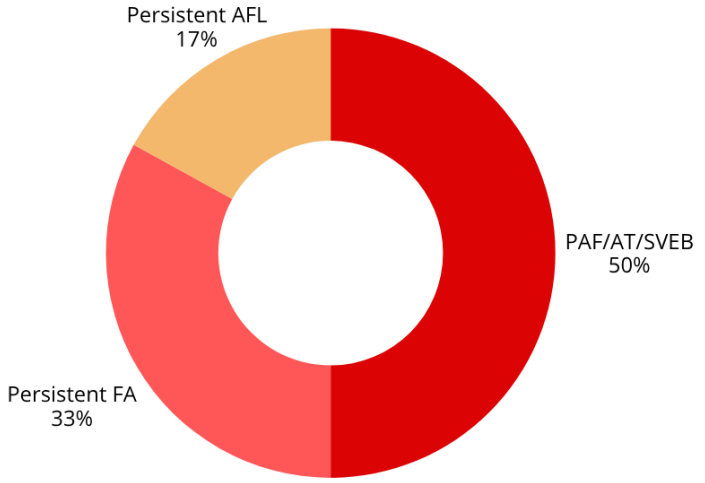
Risultati - Popolazione

- 24 PLSGBs, 23 pazienti
- FE VS mediana al momento del blocco: 25% ± 11%
- FC mediana al momento del blocco: 141 ± 23 bpm

Characteristic	Overall (N=24)	PAF/AT (N=12)	Persistent AF (N=8)	Atrial flutter (N=4)	P-value
ICM	8/24 (33.3%)	2/12 (16.7%)	6/8 (75.0%)	0/4 (0.0%)	**0.012**
NICM	9/24 (41.7%)	4/12 (41.7%)	1/8 (12.5%)	4/4 (100.0%)	**0.019**
ACS/TTS	7/24 (29.2%)	6/12 (50%)	1/8 (12.5%)	0/4 (0.0%)	0.234
Pregressa ablazione SVA	4/24 (16.7%)	0/12 (0.0%)	3/8 (37.5%)	1/4 (25.0%)	**0.051**
Amiodarone os cronico	6/24 (25.0%)	0/12 (0.0%)	5/8 (62.5%)	1/4 (25.0%)	**0.005**
ICD	8/24 (33.3%)	0/12 (0.0%)	6/8 (75.0%)	2/4 (50.0%)	**<0.001**



PAF: paroxysmal atrial fibrillation, AT: atrial tachycardia
SVEB: supraventricular ectopic beats, AFL: Atrial Flutter
(3 atypical, 1 typical)

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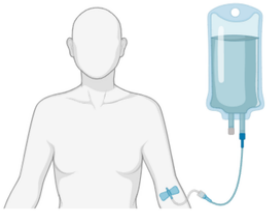
Risultati

Stabilità emodinamica

- Classe SCAI C–D: 50%;
- NT-proBNP mediano: 6504 ng/L;
- Terapia inotropa/vasoattiva:
  - 87.5% FA persist/FLA;
  - 41.7% in PAF/AT/SVEB;
- MCS: 21% (4 IABP, 1 LVAD);

Terapia medica antiaritmica

- 8% Betabloccanti ev;



- 96% amiodarone ev:
  - 29% solo bolo;
  - 71% bolo + infusione continua ev;

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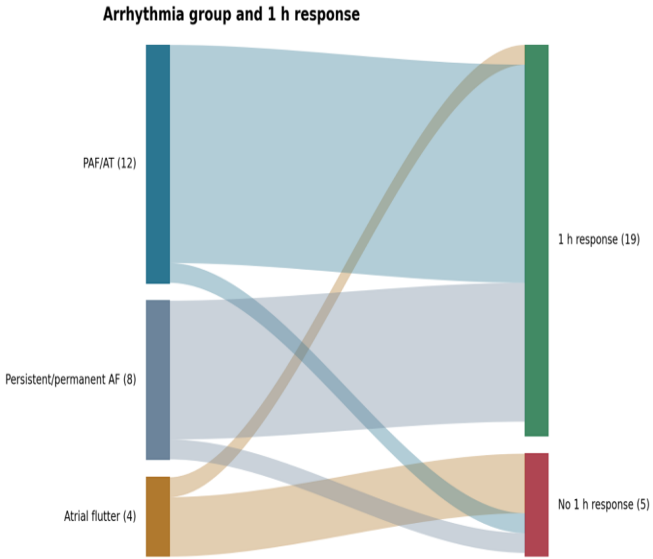
Efficacia globale ad 1 h

PAF/
AT/
SVEB

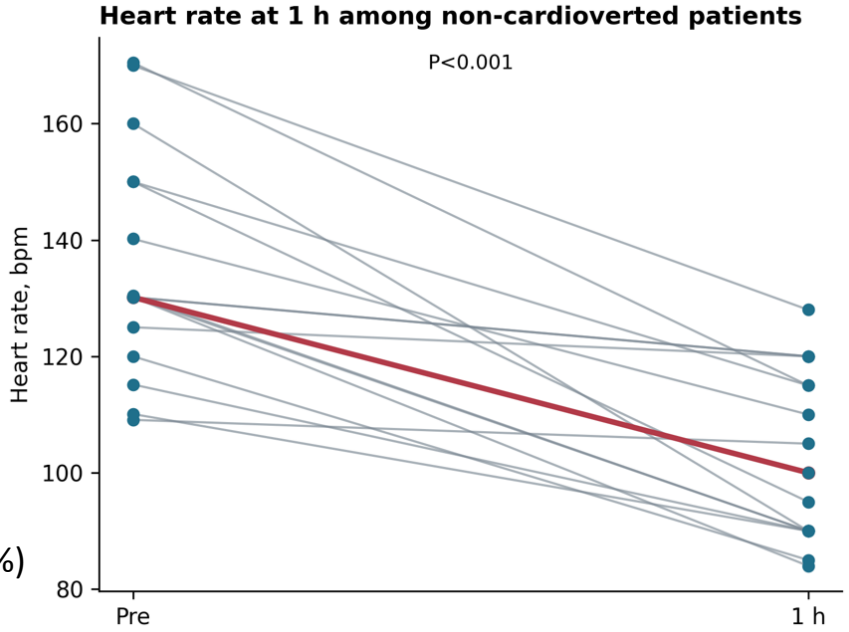
FA
perst

FLA



Risposta ad 1h (19; 79%)

Non risposta ad 1 h (5, 21%)



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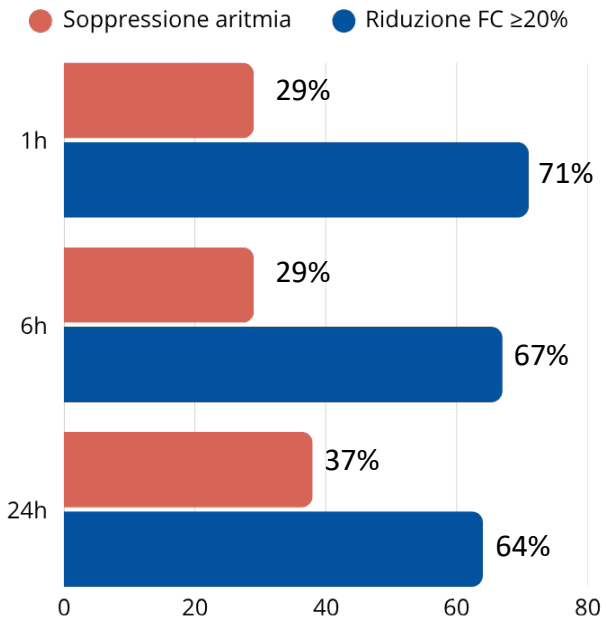
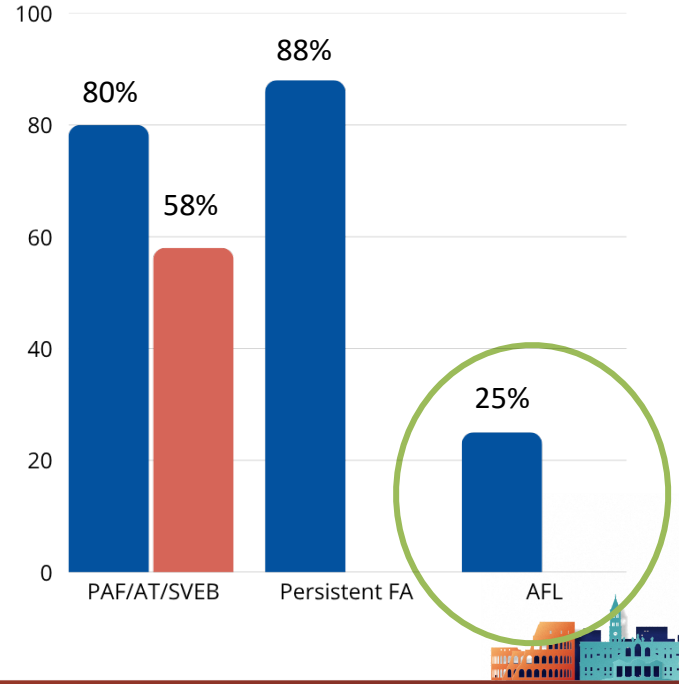
Discussione

Endpoint Primario



Endpoint primario ad 1 ora



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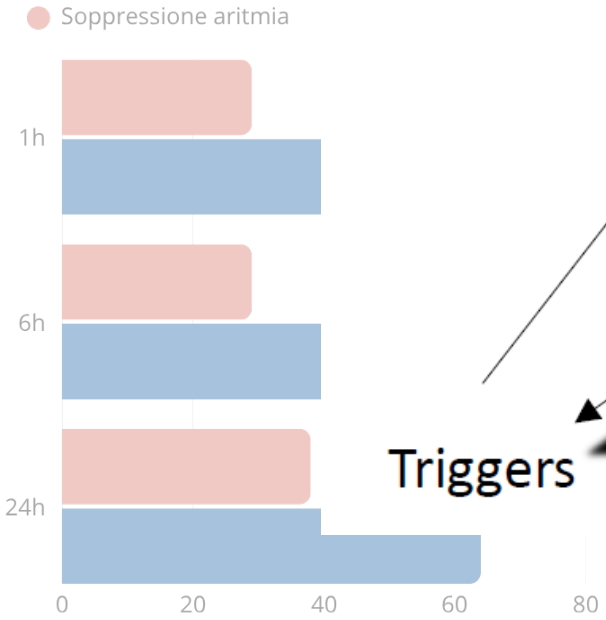
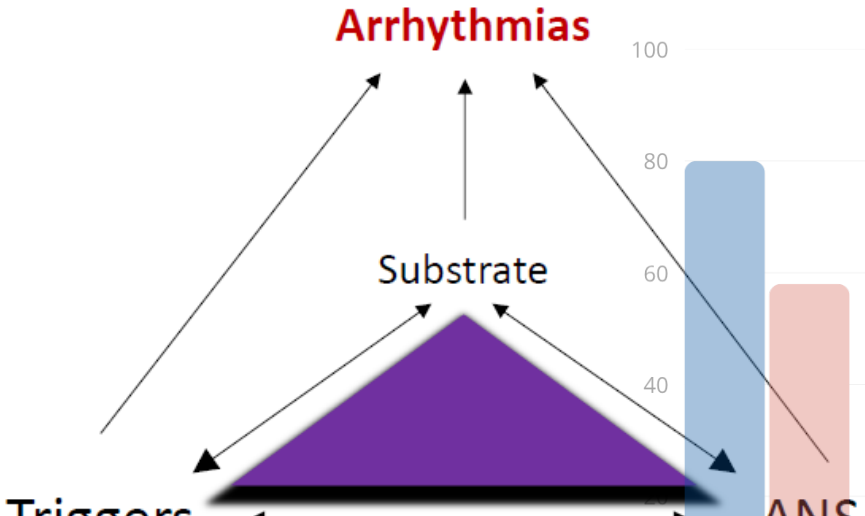
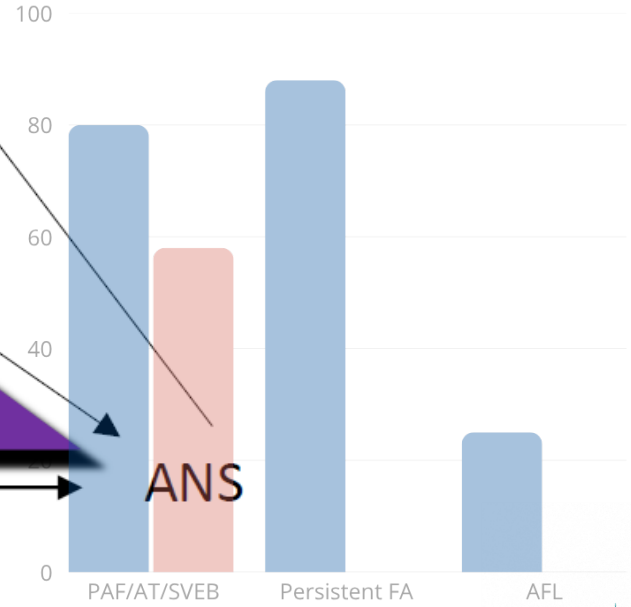
Discussione

Endpoint Prim **ad 1 ora**







Conclusioni

PLSGB trattamento efficace per SVA refrattarie a terapia medica tradizionale, tramite:

- controllo del ritmo nelle aritmie parossistiche;
- controllo della frequenza nelle aritmie persistenti;

Profilo di sicurezza favorevole anche in condizioni di instabilità emodinamica;

Possibile strategia di bail out o stabilizzazione in previsione di ablazione TC;


Grazie per l'attenzione!